### DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

## **Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CS (SEMIAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

#### **Facility Information**

Facility Name: TALL OAKS OF WEST ALLIS (0008617)

Address: 2825 S WAUKESHA RD, WEST ALLIS, WI 53227

**License Status: REGULAR** 

Licensed/Certified/Registered 12/01/2000

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

#### **Survey History**

Survey ID: 0092405 End Date: 04/01/2004 Type: OTHER Purpose: VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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P.O. Box 2969

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Survey ID: 0091311 End Date: 10/06/2003 Type: STANDARD Purpose: SURVEY

**Results:** ENFORCEMENT ACTION

Statement of Deficiency: #10008613 Served 10/28/2003

•	WICOCOCCIE Deliver	72072002		
			<u>Compliance</u>	
	<b>Deficiencies Cited</b>	Subject Area	<u>Verified</u>	Corrected
	50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS	04/01/2004	Yes
	83.11(3)(a)	RESPONSIBILITIES	04/01/2004	Yes
	83.13(4)(a)	COMMUNICABLE DISEASE CONTROL	04/01/2004	Yes
	83.13(7)(a)	EMPLOYE PERSONNEL RECORD	04/01/2004	Yes
	83.14(1)(a)	CLIENT RELATED TRAINING	04/01/2004	Yes
	83.14(1)(c)	UNIVERSAL PRECAUTIONS	04/01/2004	Yes
	83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	04/01/2004	Yes
	83.14(2)	TRAINING DIETARY NEEDS & MENU PLANNING	04/01/2004	Yes
	83.14(7)(b)	CONTINUING EDUCATION	04/01/2004	Yes
	83.16(1)	ADMISSIONS AGREEMENT	04/01/2004	Yes
	83.32(2)(c)1	ANNUAL EVALUATION-PARTICIPATION	04/01/2004	Yes
	83.32(3)	SIGNING ASSESSMENT AND ISP	04/01/2004	Yes
	83.33(2)(c)	LEISURE TIME ACTIVITIES	04/01/2004	Yes
	83.33(2)(g)1	HEALTH MONITORING-COMMUNICABLE DISEASE	04/01/2004	Yes
	83.33(3)(b)2.b	MEDICATION STORED IN ORIGINAL CONTAINER	04/01/2004	Yes
	83.33(3)(b)2.c	STORAGE OF MEDICATIONS	04/01/2004	Yes
	83.41(1)(a)1	DESIGN AND LOCATION	04/01/2004	Yes
	83.42(2)(a)	EVALUATION RESIDENT EVACUATION LIMITS	04/01/2004	Yes

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For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CS (SEMIAMBULATORY)

**Enforcement History** 

STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

# Date: 10/24/2003 SOD #10008613 Appealed: Yes Decision: STIPULATION

<u>Sanctions</u>

NO NEW ADMISSIONS OTHER SANCTION

FORFEITURE---50.065(2)(b)

FORFEITURE---83.11(3)(a)

FORFEITURE---83.13(4)(a)

FORFEITURE---83.13(7)(a)

FORFEITURE---83.14(1)(a)

FORFEITURE---83.14(1)(c)

FORFEITURE---83.14(1)(d)

FORFEITURE---83.14(2)

FORFEITURE---83.14(7)(b)

FORFEITURE---83.32(3)

FORFEITURE---83.33(2)(c)

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